

# BIDDER INFORMATION SHEET FOR ORAL AUCTION PARTICIPANTS

BIDDER NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ PAGER: ( ) \_\_\_\_\_

ARE YOU BIDDING ON BEHALF OF A BUSINESS? YES ( ) NO ( )

IF YES, NAME OF BUSINESS: \_\_\_\_\_

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT:

Signed By: \_\_\_\_\_ DATE: \_\_\_\_\_

The above information must be provided in full and submitted prior to the beginning of the oral auction. Bids will not be accepted without this form.

BIDDER NUMBER: \_\_\_\_\_ (to be completed by Caltrans when presented by bidder on the day of the auction)